



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET**CONFIRMATION NO. 6082**

Bib Data Sheet

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER 10/781,161 | FILING DATE 02/18/2004 RULE | CLASS 277 | GROUP ART UNIT 3676 | ATTORNEY DOCKET NO. 6919.02 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS *OK, VP*

Michael R. Oldenburg, Madelia, MN;

**** CONTINUING DATA ******* *checked, VP **

This application is a CON of 10/173,250 06/17/2002 PAT 6,726,212
 which is a CON of 09/690,524 10/17/2000 PAT 6,406,026
 which is a CON of 08/937,427 09/25/1997 PAT 6,186,507

**** FOREIGN APPLICATIONS ******* *NONE, VP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/21/2004**

| | | | | | |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>VP</i> Initials | STATE OR COUNTRY MN | SHEETS DRAWING 3 | TOTAL CLAIMS 66 | INDEPENDENT CLAIMS 4 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS
 S. Wade Johnson
 DORSEY & WHITNEY LLP
 Intellectual Property Department
 50 South Sixth Street, Suite 1500
 Minneapolis, MN
 55402-1498

TITLE
 Retrofittable severe duty seal for a shaft

| | | |
|------------------------------------|---|---|
| FILING FEE RECEIVED 1684 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------------|---|---|